Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 1 of 40

	in this information to identify your case:		
Deb	otor 1 Dolores May Schwab		
D . I	First Name Middle Name Last Name		
	tor 2 use if, filing) First Name Middle Name Last Name		
Unit	ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA		
Cas	se number 17-07143-JMC		
(if kno	own)	_	k if this is an
		amen	ided filing
Ot(ficial Form 106Cum		
	<u>ficial Form 106Sum</u> mmary of Your Assets and Liabilities and Certain Statistical Informatio	n	12/15
Be a	is complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing and original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	e for supplyii	ng correct
ıaıı	Summanze Tour Assets	v	
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)		442 700 00
	1a. Copy line 55, Total real estate, from Schedule A/B		142,700.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,820.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	145,520.00
Part	t2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	o \$	99,472.94
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	19,807.98
	Your total liabilit	ies \$	119,281.92
Part	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,329.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	954.00
Part	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with	your other sc	hedules.
	■ Yes		
7.	What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 2 of 40

Debtor 1 Dolores May Schwab Case number (if known) 17-07143-JMC

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______\$

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1.00

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 3 of 40

	Odoc	11 011-00	We i Boo	10	1 11CG 10/12/11	LOD 10/1.	2/11/10.	40.02	9	0 01 40
Fill	in this inforr	nation to identify	your case and th	is filinç	g:					
Deb	otor 1	Dolores May	y Schwab Middle	Name	Last Name					
	otor 2 ouse, if filing)	First Name	Middle	Name	Last Name					
Uni	ted States Ba	nkruptcy Court for	the: SOUTHER	N DIST	RICT OF INDIANA					
Cas	se number _	17-07143-JMC								Check if this is an amended filing
_		rm 106A/E e A/B: P	_							12/15
think infor Ansv	k it fits best. B mation. If more wer every ques	e as complete and e space is needed, tion.	accurate as possible attach a separate sh	e. If two leet to t	t only once. If an asset fits married people are filing to his form. On the top of any I Estate You Own or Have a	ogether, both are of additional pages,	equally resp	onsible for su	pplyi	ng correct
		· · ·			lence, building, land, or sin					
	No. Go to Par		quitable interest in a	ily resid	ience, building, land, or sin	illiai property:				
	Yes. Where is									
	- 103. WHOICK	s the property:								
1.1	8416 Del F	Prado Court		_	t is the property? Check all th	at apply	5			
		if available, or other des	scription			α	the amount	of any secured	d clai	or exemptions. Put ms on Schedule D:
					Condominium or cooperati	_	Creditors V	rno Have Ciain	ns Se	ecured by Property.
					Manufactured or mobile ho	ome				
	Indianapo	lis IN	46227-0000		Land		Current va entire prop			rrent value of the rtion you own?
	City	State	ZIP Code				\$4	8,400.00		\$48,400.00
										wnership interest by the entireties, or
				Who	has an interest in the prop	erty? Check one	à life estat	e), if known.		by the onthones, or
	Marion				202101 1 0,		Fee simp	ole		
	County				Debtor 2 only Debtor 1 and Debtor 2 only	,				
								if this is com tructions)	mun	ity property
					r information you wish to a erty identification number:	dd about this iten	n, such as lo	cal		
				3 be	edroom, 2 bath, 1 floo ,600.00. Jation is based upon		-		2004	for

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 4 of 40

Deb	otor 1 Dolores M	lay Schv	vab			Case nu	mber (if known)	17-0	7143-JMC
	If you own or ha	ve more	than one. list h	nere:					
1.2	2918 Country Es		·		· ,				ims or exemptions. Put
	Street address, if available	e, or other de	scription		Duplex or multi-unit building Condominium or cooperative				ns Secured by Property.
	Indianapolis	IN	46227-0000		Manufactured or mobile home Land		current value of the ntire property?		Current value of the portion you own?
	City	State	ZIP Code	Uho	Investment property Timeshare Other has an interest in the property? Check	ck one a	such as fee simple life estate), if kno	e of yo	\$38,200.00 our ownership interest ancy by the entireties, or
	Marian				Debtor 1 only		ee simple		
	Marion County				Debtor 2 only				
	County				Debtor 1 and Debtor 2 only	[com	munity property
				_	At least one of the debtors and another r information you wish to add about t		(see instructions)		
					erty identification number:	uno nom, o	don do local		
					edroom, 1 bath, 1 floor condo	minium	purchased 10/	/23/2	015 for
					,750.00 lation is based upon recent re	real estat	e tax assessn	nent	
						- Cui Colui			
1.3	If you own or ha		than one, list h		is the property? Check all that apply				
	8413 Del Prado (scription		Single-family home				ims or exemptions. Put disclaims on Schedule D:
	Otroct address, ii available	c, or other de	oonpaon		Duplex or multi-unit building				ns Secured by Property.
					Condominium or cooperative				
					Manufactured or mobile home	_	Surrent value of the	•	Current value of the
	Indianapolis	IN	46227-0000		Land		ntire property?	5	portion you own?
	City	State	ZIP Code		Investment property		\$56,100.0	00	\$56,100.00
					Timeshare	D	escribe the nature	e of ye	our ownership interest
						•			ancy by the entireties, or
				Who	has an interest in the property? Check	on one	life estate), if kno ee simple	WII.	
	Marion			_	Debtor 1 only	·			
	County				Debtor 2 only				
	County				•	[Check if this is (see instructions)	com	munity property
					r information you wish to add about t		,		
					erty identification number:	, -			
				\$62 ,	edroom, 2 bath, 1 floor condo 000.00 uation is based upon recent re				05 for
		•	•		your entries from Part 1, includin	-			\$142,700.00
	2: Describe Your Ve						L		
			or equitable inter	rest in a	ny vehicles, whether they are reg	gistered o	or not? Include a	ny ve	hicles you own that
	eone else drives. If yoars, vans, trucks, tr		•		Schedule G: Executory Contracts an provoles	and Unexpi	red Leases.		
			,	.,	• • • •				
	No								
	Yes								

Debtor 1	Dolores May	Schwab Case number (if	f known)	17-07143-JMC
		or homes, ATVs and other recreational vehicles, other vehicles, and accessorie motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	es	
■ No				
☐ Yes				
		the portion you own for all of your entries from Part 2, including any entries for d for Part 2. Write that number here		\$0.00
Part 3: De	escribe Your Person	nal and Household Items		
Do you o	wn or have any le	gal or equitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	nold goods and fu ples: Major appliand	ırnishings ces, furniture, linens, china, kitchenware		
□ No				
■ Yes.	. Describe			
		Household goods and furniture		\$300.00
□ No	oles: Televisions an	d radios; audio, video, stereo, and digital equipment; computers, printers, scanners; phones, cameras, media players, games MIscellaneous electronics including, televisions phones and	music co	llections; electronic devices
		radios		\$500.00
Examp		igurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamns, memorabilia, collectibles	np, coin,	or baseball card collections;
		Paintings		\$100.00
Examp	nent for sports an les: Sports, photog musical instru	raphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; c	canoes a	nd kayaks; carpentry tools;
■ No		shotguns, ammunition, and related equipment		
☐ No		thes, furs, leather coats, designer wear, shoes, accessories		
		Clothing		\$100.00
		•		
2 Jewel	rv			

2. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

	Ca	ase 1	7-071	.43-JM	IC-7	Doc 15	Filed 1	LO/12/17	EOD 10	0/12/17 16:4	10:32	Pg 6 of 40
Debtor	1	Dolore	es May	Schwab)					ase number (if kn	own) 17	7-07143-JMC
■ Y	′es. [Describe	·									
·		200020		\A/I -I!								¢4 500 00
			Į.	Weddir	ng ring	S						\$1,500.00
■ N	<i>(ampl</i> No		s, cats, b	oirds, hors	ses							
■ N	No			househormation		ns you did no	t already lis	st, including	any health ai	ds you did not li	st	
				•		ies from Part	•	•		ou have attached	d _	\$2,500.00
Part 4:	Desc	cribe You	ır Financi	ial Assets								
Do you	u owr	n or hav	e any le	gal or eq	uitable	interest in ar	ny of the fol	lowing?				Current value of the portion you own? Do not deduct secured claims or exemptions.
■ N	<i>(ampl</i> e No ∕es			·		t, in your home			nd on hand w	hen you file your	petition	
Exa	•					nancial accour le accounts wi				dit unions, broker	age hous	ses, and other similar
							Institutio	on name:				
				17.1.	check	ing (#7260)	JPMor	gan Chase	Bank, N.A.			\$320.00
	ampl			or publicly investmer		d stocks Ints with broke	erage firms, ı	money marke	t accounts			
ΠY	es			lı	nstitutio	n or issuer na	me:					
joi: ■ N	i nt ve No	nture		ormation a	about the	em		incorporated		_	terest in	an LLC, partnership, and
					e of ent	,				% of ownership:		
Ne No ■ N	egotia on-neç No	ble instr gotiable	ruments ii instrume	include pe	ersonal (nose you	other negotia checks, cashic u cannot trans m	ers' checks,	promissory no	otes, and mor	ney orders.		
		-			er name							
				accounts RA, ERIS		h, 401(k), 403	(b), thrift sav	vings account	s, or other pe	nsion or profit-sha	aring plan	s

Official Form 106A/B Schedule A/B: Property page 4

Institution name:

 $\hfill \square$ Yes. List each account separately. Type of account:

■ No

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 7 of 40

De	ebtor 1	Dolores May Sc	hwab	Case number (if known) 17	-07143-JMC
22.	Your sh		posits you have made so that you may	continue service or use from a company (electric, gas, water), telecommunications companies,	or others
			Instituti	on name or individual:	
	Annuiti No Yes		periodic payment of money to you, either name and description.	r for life or for a number of years)	
			·	program, or under a qualified state tuition program	m
24.		C. §§ 530(b)(1), 529A	u(b), and 529(b)(1).		ii.
	☐ Yes	Institut	ion name and description. Separately fi	le the records of any interests.11 U.S.C. § 521(c):	
	■ No	equitable or future Give specific informa		thing listed in line 1), and rights or powers exercis	able for your benefit
		·			
26.			narks, trade secrets, and other intellen names, websites, proceeds from royalti		
	☐ Yes.	Give specific informa	ation about them		
27.			other general intangibles exclusive licenses, cooperative associ	ation holdings, liquor licenses, professional licenses	
	_	Give specific informa	ation about them		
M	oney or p	property owed to yo	u?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to you			
	■ No □ Yes. 0	Give specific informa	tion about them, including whether you	already filed the returns and the tax years	
29.	■ No	• •		upport, maintenance, divorce settlement, property sett	lement
30.		, ,		benefits, sick pay, vacation pay, workers' compensati	on, Social Security
	☐ Yes.	Give specific informa	ation		
31.		es in insurance policy les: Health, disability		unt (HSA); credit, homeowner's, or renter's insurance	
	Yes. N	Name the insurance	company of each policy and list its value Company name:	e. Beneficiary:	Surrender or refund value:
			Term life insurance policy. No c	ash	\$0.00

1 Dolores May Schwab	Case number (if known)	17-07143-JMC
ou are the beneficiary of a living		eive property because
es. Give specific information		
ramples: Accidents, employment of lo		
	Debtor owns default judgment for \$21,000.00, plus costs and interest, dated 11/29/2016 against Premier Baths, Inc. Marion Superior Court No. 5, Case #No. 49D05-1605-CT-019035. Attorney for debtor Larry Pleasants #317-881-8900. Debtor believes judgment is uncollectible.	Unknowr
	Debtor owns judgment against William Sanders and Pamela Johnson in original amount of \$2,500.00, plus costs and interest obtained 12/09/2011 in Marion County Small Claims Court. Parrty Township Division, Case No. 49K04-1110-SC-003773. Debtor believes the balance of the	
	judgment to be uncollectible	Unknowr
do Yes. Give specific information		
•	, , , , , , ,	\$320.00
Describe Any Business-Related P	roperty You Own or Have an Interest In. List any real estate in Part 1.	
, , ,	ble interest in any business-related property?	
ss. Go to line 38.		
you own or have any legal or e	equitable interest in any farm- or commercial fishing-related property?	
Yes. Go to line 47.		
Describe All Property You Ov	wn or Have an Interest in That You Did Not List Above	
amples: Season tickets, country		
· ·	.	
dd the dollar value of all of you	r entries from Part 7. Write that number here	\$0.00
	y interest in property that is duyou are the beneficiary of a living meone has died. No Yes. Give specific information aims against third parties, whet camples: Accidents, employment of the contingent and unliquidated. No Yes. Describe each claim	y interest in property that is due you from someone who has died you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to rec meone has died. No fees. Give specific information Stims against third parties, whether or not you have filed a lawsuit or made a demand for payment camples: Accidents, employment disputes, insurance claims, or rights to sue to fees. Describe each claim Debtor owns default judgment for \$21,000.00, plus costs and interest, dated 11/29/2016 against Premier Baths, Inc. Marion Superior Court No. 5, Case #No. 49D05-1605-CT-019035. Attorney for debtor Larry Pleasants #317-881-8900. Debtor believes judgment against William Sanders and Pamela Johnson in original amount of \$2,500.00, plus costs and interest obtained 12/09/2011 in Marion County Small Claims Court. Parryt Township Division, Case No. 49K04-1110-SC-003773. Debtor believes the balance of the judgment to be uncollectible her contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to to fees. Describe each claim you griancial assets you did not already list You fees. Give specific information dd the dollar value of all of your entries from Part 4, including any entries for pages you have attached or Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest in. List any real estate in Part 1. you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Bescribe All Property You Own or Have an Interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above you won or have any legal or equitable interest in Interest in Interest or Interest in Part 1. You own or have any legal or equitable interest in Interest in Interest in That You Did Not List Above

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 9 of 40

Deb	otor 1 Dolor	es May Schwab			Case number (if known)	17-07143-JMC
Part	List the	Totals of Each Part of this Form				
55.	Part 1: Total r	eal estate, line 2				\$142,700.00
56.	Part 2: Total v	vehicles, line 5		\$0.00		
57.	Part 3: Total p	personal and household items, line 15		\$2,500.00		
58.	Part 4: Total f	inancial assets, line 36		\$320.00		
59.	Part 5: Total k	ousiness-related property, line 45		\$0.00		
60.	Part 6: Total f	arm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total o	other property not listed, line 54	+	\$0.00		
62.	Total persona	l property. Add lines 56 through 61		\$2,820.00	Copy personal property to	otal \$2,820.00
63.	Total of all pr	operty on Schedule A/B. Add line 55 + line 62				\$145,520.00

Debtor 1	Dolores May Sch	wab		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA	
Case number	17-07143-JMC			
(if known)				 eck if this is an ended filing

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only	, even if	your spouse	is filing	y with	you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

Part 1: Identify the Property You Claim as Exempt

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

To any property you not on concause A/D	,	Jp. 1,		
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amou	unt of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check	k only one box for each exemption.	
2918 Country Estates Drive Unit #65 Indianapolis, IN 46227 Marion County 2 bedroom, 1 bath, 1 floor condominium purchased 10/23/2015 for \$28,750.00 Valuation is based upon recent real estate tax assessment Line from Schedule A/B: 1.2	\$38,200.00		\$19,300.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(1)
Household goods and furniture Line from Schedule A/B: 6.1	\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
MIscellaneous electronics including, televisions phones and radios Line from Schedule A/B: 7.1	\$500.00		\$500.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)
Paintings Line from Schedule A/B: 8.1	\$100.00		\$100.00 100% of fair market value, up to any applicable statutory limit	Ind. Code § 34-55-10-2(c)(2)

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 11 of 40

Debtor	Dolores May Schwab			Case number (if known)	17-07143-JMC
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amo	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	lothing ne from <i>Schedule A/B</i> : 11.1	\$100.00		\$100.00	Ind. Code § 34-55-10-2(c)(2)
LII	THE HOTH SCHEUUR AVB. 11.1			100% of fair market value, up to any applicable statutory limit	
	/edding rings ne from Schedule A/B: 12.1	\$1,500.00		\$1,500.00	Ind. Code § 34-55-10-2(c)(2)
LII	TIE HOTH SCHEUUE AVB. 12.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption Subject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cover No Yes	3 years after that for ca	ases fi	,	,

Fill in this information to identify yo	ur case:			
Debtor 1 Dolores May So				
First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	: SOUTHERN DISTRICT OF INDIANA			
Cimou Ciaiso Zama aproy Count io. and			-	
Case number 17-07143-JMC (if known)			☐ Check	if this is an
,			_	ded filing
Official Form 106D				
	s Who Hove Claims Secure	d by Proport		40/45
Schedule D. Creditors	s Who Have Claims Secure	d by Propert	<u>y</u>	12/15
	If two married people are filing together, both are e out, number the entries, and attach it to this form.			
1. Do any creditors have claims secured b	y your property?			
☐ No. Check this box and submit	this form to the court with your other schedules. \	You have nothing else	to report on this form.	
Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims				
	more than one secured claim, list the creditor separatels a particular claim, list the other creditors in Part 2. As	y Column A Amount of claim	Column B Value of collateral	Column C Unsecured
much as possible, list the claims in alphabet		Do not deduct the value of collateral.	that supports this	portion
2.1 Casa De Prado, Inc.	Describe the property that secures the claim:	\$3,076.47	\$38,200.00	If any \$0.00
Creditor's Name	2918 Country Estates Drive Unit #65			
	Indianapolis, IN 46227 Marion			
	County 2 bedroom, 1 bath, 1 floor			
	condominium purchased 10/23/2015			
	for \$28,750.00			
	Valuation is based upon recent real			
	estate tax assessment As of the date you file, the claim is: Check all that			
5702 Kirkpatrick Way	apply.			
Indianapolis, IN 46220	Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only	☐ An agreement you made (such as mortgage or se	ecured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
January, Date debt was incurred 2017	Last 4 digits of account number			
2.2 Casa De Prado, Inc.	Describe the property that secures the claim:	\$2,670.47	\$38,200.00	\$0.00
Creditor's Name	2918 Country Estates Drive Unit #65			
	Indianapolis, IN 46227 Marion			
	County 2 bedroom, 1 bath, 1 floor			
	condominium purchased 10/23/2015			
	for \$28,750.00			
	Valuation is based upon recent real			
F700 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	estate tax assessment As of the date you file, the claim is: Check all that			
5702 Kirkpatrick Way Indianapolis, IN 46220	apply.			
Number, Street, City, State & Zip Code	Contingent			
mumber, other, only, state & ZIP Code	☐ Unliquidated			

Official Form 106D

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 13 of 40

Who owes the debt? Check one. Debtor 2 only Check or and Debtor 2 only Check of this claim relates to a community debt Debtor 2 only Check or and Debt	Debtor 1 Dolores May Schwak		Case number (if know)	17-07143-JMC					
Who owes the debt? Check one. Part of better 2 only Debter 1 only Debter 2 only Debter 2 only Debter 3 only Debter 4 only Debter 4 only Debter 4 only Debter 5 only Debter 6 only Debter 6 only Debter 6 only Debter 6 only Debter 7 only Debter 6 only Debter 6 only Debter 6 only Debter 6 only Debter 7 only Debter 6 only Debter 7 only Debter 6 only Debter 7 only Debter 7 only Debter 7 only Debter 6 only Debter 7 only Debter 8 only Debter 9 only Debter 8 only Debter 8 only Debter 8 only Debter 9 only Debter 8 only Debter 9 only Debter 8 only Debter 8 only Debter 9 only Debt	First Name Midd	dle Name Last Name							
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Debtor 1 only	Who owes the debt? Check one								
Debotro 2 only	_		secured						
Debtor 1 and Debtor 2 only All teast one of the debtors and another Check if this claim relates to a community debt	_ ′	, ,							
□ At loads one of the debtors and another community debt Check if this claim relates to a community debt Condition Con		☐ Statutory lien (such as tax lien, mechanic's lien)							
Check if this claim relates to a community debt		<u> </u>							
Date debt was incurred 2017 Last 4 digits of account number	☐ Check if this claim relates to a	·							
Date debt was incurred 2017 Last 4 digits of account number Describe the property that secures the claim: \$9,600.00 \$38,200.00 \$0.00 \$0.00 \$38,200.00 \$0.00 Part of the claim relates to a community debt Describe the property that secures the claim: \$9,600.00 \$0.00 \$0.00 \$0	community debt								
Date debt was incurred 2017 Last 4 digits of account number Describe the property that secures the claim: \$9,600.00 \$38,200.00 \$0.00 \$0.00 \$38,200.00 \$0.00 Part of the claim relates to a community debt Describe the property that secures the claim: \$9,600.00 \$0.00 \$0.00 \$0	January.								
Condominium Describe the property that secures the claim: \$9,600.00 \$33,200.00 \$0.00		Last 4 digits of account number							
Condominium Describe the property that secures the claim: \$9,600.00 \$33,200.00 \$0.00	Country Estates								
Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and 2000 Bayport Drive Suite 800 Date debt was incurred May, 2017 Last 4 digits of account number 8133 Statutory lien (such as tax seessment S41, 600.00. Valuation is based upon recent real estate tax as sessment S41, 600.00. Valuation S41, 600.00. Valuation S41, 600.00. Valuation Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 4 only Debtor 1 and Debtor 5 only Debto	Condominium	Describe the property that secures the claim:	\$9,600.00	\$38,200.00	\$0.00				
County 2 bedroom, 1 bath, 1 floor condominium purchased 10/23/2015 for \$28,750.00 Valuation is based upon recent real estate tax assessment As of the date you life, the claim is: Check all that indianapolis, IN 46220 Mumber, Street, City, State & Zp Code Debtor 1 only	Creditor's Name								
2 bedroom, 1 bath, 1 floor condominium purchased 10/23/2015 for \$28,750.00		_ · ·							
Condominium purchased 10/23/2015 for \$28,750.00 Valuation is based upon recent real estate tax assessment Strop Kirkpatrick Way Indianapolis, IN 46220 Number, Street, City, State & Zip Code Who owes the debt? Check one, Debtor 2 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check all this community debt Creditor's Name									
Valuation is based upon recent real estate tax assessment									
Sources Association, Inc. 5702 Kirkpatrick Way Indianapolis, IN 46220 Number, Street, City, State & Zip Code Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Creditor's Name Debtor May, 2017 Last 4 digits of account number 8133									
As of the date you file, the claim is: Check all that apply. Indianapolis, IN 46220 Contingent									
Indianapolis, IN 46220 Contingent Unliquidated Disputed Disputed Debtor 1 only Care debtor 2 only Debtor 1 and Debtor 2 only Dettor 2 only Dettor 2 only Dettor 3 only Dettor 2 only Dettor 3 only Dettor 4 and Debtor 2 only Dettor 5 only Dettor 5 only Dettor 5 only Dettor 6 one. Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic's lien) Dettor 6 one. Statutory lien (such as tax lien, mechanic's lien) Dettor 6 one. Statutory lien (such as tax lien, mechanic's lien) Dettor 6 one. Statutory lien (such as tax lien, mechanic's lien) Dettor 1 only Dettor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Deb	· · · · · · · · · · · · · · · · · · ·								
Number, Street, City, State & Zip Code Uniliquidated Disputed		apply.							
Who owes the debt? Check one. Disputed Nature of lien. Check all that apply. Debtor 1 only Debtor 2 only An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Statutory lien (such as tax lien, mechanic		<u> </u>							
Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ An agreement you made (such as mortgage or secured car loan) □ Check if this claim relates to a community debt Ditech Financial LLC	, с, с, с, с,	·							
Debtor 2 only	Who owes the debt? Check one.	•							
Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Ditech Financial LLC Describe the property that secures the claim: \$33,308.00 \$48,400.00 \$0.00	Debtor 1 only		secured						
At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred May, 2017 Last 4 digits of account number 8133 Describe the property that secures the claim: \$33,308.00 \$48,400.00 \$0.00 8416 Del Prado Court Indianapolis, IN 46227 Marion County 3 bedroom, 2 bath, 1 floor condominium purchased 10/15/2004 for \$41,600.00. Valuation is based upon recent real estate tax assessment As of the date you file, the claim is: Check all that apply. Debtor 1 only	Debtor 2 only	car loan)							
Check if this claim relates to a community debt	′								
Date debt was incurred prior to May, 2017 Last 4 digits of account number 8133 2.4 Ditech Financial LLC Creditor's Name B416 Del Prado Court Indianapolis, IN 46227 Marion County 3 bedroom, 2 bath, 1 floor condominium purchased 10/15/2004 for \$41,600.00. Valuation is based upon recent real estate tax assessment As of the date you file, the claim is: Check all that apply. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Data 4 digits of account number 8133 B436 Del Prado Court Indianapolis, IN 46227 Marion County 3 bedroom, 2 bath, 1 floor condominium purchased 10/15/2004 for \$41,600.00. Valuation is based upon recent real estate tax assessment As of the date you file, the claim is: Check all that apply. Debtor 1 and Debtor 2 only Statutory lien (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Other (including a right to offset)	_	— Judgment hen nom a lawsuit	_ ~						
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2.4 Ditech Financial LLC Describe the property that secures the claim: \$33,308.00 \$48,400.00 \$0.00	prior to		_						
Suite 800	Date debt was incurred May, 2017	7 Last 4 digits of account number 8133	<u> </u>						
Suite 800	2.4 Ditech Financial LLC	Describe the property that secures the claim:	\$33,308.00	\$48,400.00	\$0.00				
3 bedroom, 2 bath, 1 floor condominium purchased 10/15/2004 for \$41,600.00. Valuation is based upon recent real estate tax assessment As of the date you file, the claim is: Check all that apply. Tampa, FL 33607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Judgment lien from a lawsuit Other (including a right to offset) Other (including a right to offset)		8416 Del Prado Court Indianapolis,			·				
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Source Suite 800									
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Suite 800 Tampa, FL 33607 Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply. In the claim is: Check all that apply. As of the date you file, the claim is: Check all that apply. Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Other (including a right to offset)									
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Number, Street, City, State & Zip Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	Suite 800								
Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset)	Tampa, FL 33607								
Who owes the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a	Number, Street, City, State & Zip Code								
□ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a	Who owes the debt? Check one								
□ Debtor 2 only car loan) □ Debtor 1 and Debtor 2 only □ Statutory lien (such as tax lien, mechanic's lien) □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a	_	_	accured						
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim relates to a community debt □ Check if this claim relates to a			secured						
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)									
☐ Check if this claim relates to a community debt ☐ Other (including a right to offset)									
	·	Last 4 digits of account number							

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Official Form 106D

Debi	or Dolores May Schwab		Case	number (if know)	17-07143-JMC	
	First Name Middle N	lame Last Name				
	1					
2.5	Wells Fargo Home			\$50,818.00	\$56,100.00	\$0.00
	Mortgage Creditor's Name	Describe the property that secures the claim		φ30,010.00 –	——————————————————————————————————————	Ψ0.00
	Creditor's Name	8413 Del Prado Court Indianapolis				
		IN 46227 Marion County				
		3 bedroom, 2 bath, 1 floor condominium purchased 4/15/2005				
		for \$62,000.00	'			
		Valuation is based upon recent rea	ıl.			
		estate tax assessment	•			
	PO Box 10335	As of the date you file, the claim is: Check all t	hat			
	Des Moines, IA 50306	apply.				
		Contingent				
	Number, Street, City, State & Zip Code	Unliquidated				
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.				
_						
	ebtor 1 only	An agreement you made (such as mortgage	or secured			
_	ebtor 2 only	car loan)				
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's l	en)			
_	t least one of the debtors and another	☐ Judgment lien from a lawsuit				
	heck if this claim relates to a	Other (including a right to offset)				
	community debt					
Date	debt was incurred 2006	Last 4 digits of account number				
lf ti Wr	his is the last page of your form, add ite that number here:	column A on this page. Write that number here the dollar value totals from all pages. or a Debt That You Already Listed		\$99,472. \$99,472.		
Use trying	this page only if you have others to b g to collect from you for a debt you o	pe notified about your bankruptcy for a debt th owe to someone else, list the creditor in Part 1, t you listed in Part 1, list the additional credito	and then li	st the collection age	ncy here. Similarly, if you h	nave more
	s in r art 1, do not in out or sublint tr	ns page.				
	Name, Number, Street, City, State &	Zip Code	n which line	e in Part 1 did you ente	r the creditor? 2.1	
	Attorney Scott A. Tanner			, , , , , , , , , , , , , , , , , , ,		
	6125 South East Street	L	ast 4 digits	of account number		
	Indianapolis, IN 46227					
П						
ш	Name, Number, Street, City, State &	Zip Code (n which line	e in Part 1 did you ente	r the creditor? 2.5	
	Codilis Law, LLC					
	Atty. Samer Samir Zabaneh 8050 Cleveland Place	ı	ast 4 digits (of account number		
	Merrillville, IN 46410					
	N N 1 0 10 10 10 10 10 10 10 10 10 10 10 10	7. 0. 1				
	Name, Number, Street, City, State & Ditech Financial LLC	Zip Code (n which line	in Part 1 did you ente	r the creditor? 2.4	
	P.O. Box 6172	ı	aet 4 dinite (of account number		
	Rapid City, SD 57709	_	aut i aigito t			
_	. ,					
	Name, Number, Street, City, State &	Zin Code				
	Eads Murray & Pugh, P.C.	Zip Code (n which line	e in Part 1 did you ente	r the creditor? 2.3	
	9515 E 59th St, #B	L	ast 4 digits of	of account number		
	Indianapolis, IN 46216		0			

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 15 of 40

Debto	or 1 Dolores May	Schwab		Case number (if know)	17-07143-JMC
	First Name	Middle Name	Last Name		
	, ,			On which line in Part 1 did you ento	
	Name, Number, Street Wells Fargo Ban 101 N Phillips Av Sioux Falls, SD 9	ve		On which line in Part 1 did you ent	

		D00 10 1 110	a 10/12/1/	LOD	10/12/17 10:-	10.02	9 -	0 01 40
Fill in t	this information to identify your ca	se:						
Debtor	1 Dolores May Schwa	nb						
	First Name	Middle Name	Last Nan	ne				
Debtor		Middle News	L oot Non					
(Spouse i	if, filing) First Name	Middle Name	Last Nan	ie				
United	States Bankruptcy Court for the:	SOUTHERN DISTRIC	OF INDIANA					
Case n								
(if known))					_		if this is an ed filing
Sche Be as co any exec Schedul Schedul eft. Atta name an Part 1: 1. Do 2. List ider	any creditors have priority unsecured on No. Go to Part 2. Yes. t all of your priority unsecured claims. In this work that type of claim it is. If a claim has least the control of the	Part 1 for creditors with at could result in a clain d Leases (Official Form ed by Property. If more s If you have no information against you? If a creditor has more than both priority and nonpriority and nonpriority.	PRIORITY claims and the second	and Part 2 fc ory contract ude any cre opy the Part art, do not f	s on Schedule A/B: P ditors with partially s you need, fill it out, r ille that Part. On the to the that Part on the to st the creditor separate and show both priority a	roperty (Offic ecured claims number the er op of any addi ly for each clai nd nonpriority	ial Fori s that a ntries ir itional p m. Fore amount	m 106A/B) and on re listed in a the boxes on the pages, write your each claim listed, s. As much as
	sible, list the claims in alphabetical order at 1. If more than one creditor holds a partic			nore than tw	o priority unsecured cla	aims, fill out the	e Contin	luation Page of
(Fo	r an explanation of each type of claim, see	the instructions for this for	rm in the instruction	n booklet.)	Total claim	Priority		Nonpriority
					Total Claim	amount		amount
2.1	Indiana Department of Reven	ue Last 4 digits of	of account number	·	\$0.00	\$	0.00	\$0.00
	Priority Creditor's Name Bankruptcy Section - MS108	When was the	debt incurred?	2015-20	116			
	100 N. Senate Avenue, Rm N2 Indianapolis, IN 46204		dest incurred?	2013-20	710			
	Number Street City State Zlp Code	As of the date	you file, the clain	is: Check a	II that apply			
W	ho incurred the debt? Check one.	☐ Contingent						
	Debtor 1 only	☐ Unliquidate	d					
	Debtor 2 only	☐ Disputed						
	Debtor 1 and Debtor 2 only	Type of PRIO	RITY unsecured c	aim:				
	At least one of the debtors and another	☐ Domestic s	upport obligations					
	Check if this claim is for a community	debt Taxes and	certain other debts	you owe the	government			
	the claim subject to offset?	_	death or personal ir					
	No	☐ Other Spe	cify					

income taxes

☐ Yes

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 17 of 40

Debto	Dolores May Schwab		Case number	er (if know)	17-07143-JM	С
2.2	Internal Revenue Service	Last 4 digits of account number	·	\$1.00	\$1.	00 \$0.00
	Priority Creditor's Name Attn: Bankruptcy Dept PO Box 7346	When was the debt incurred?	2015-2016		-	
	Philadelphia, PA 19101-7346 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that a	apply		
٧	Who incurred the debt? Check one.	☐ Contingent				
ı	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
_	☐ Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured cl	aim:			
_	☐ At least one of the debtors and another	☐ Domestic support obligations				
[☐ Check if this claim is for a community debt sthe claim subject to offset?	■ Taxes and certain other debts □ Claims for death or personal in				
	No	Other. Specify				
	☐Yes	income ta	xes			
4. Lis	Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other art 2.	aim. For each claim listed, identify w	hat type of claim it i	s. Do not list cla	aims already includ	led in Part 1. If more
					7	otal claim
4.1	American Honda Finance Nonpriority Creditor's Name	Last 4 digits of account num			_	\$3,262.96
	2170 Point Blvd. Suite 100 Elgin, IL 60123-7885 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the cla		at apply		
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	□ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsec	ured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a	separation agreeme	ent or divorce th	at you did not	
	Is the claim subject to offset?	report as priority claims				
	■ No	☐ Debts to pension or profit-sl		her similar debt	S	
	Yes	Other. Specify auto def	ficiency			

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 18 of 40

Debtor	Dolores May Schwab	Case number (if know) 17-07143-JMC	;
	Fifth Third Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$3,904.75
	38 Fountain Square Plaza Cincinnati, OH 45263	When was the debt incurred? 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other. Specify installment account	
	Fifth Third Bank Nonpriority Creditor's Name	Last 4 digits of account number 9483	\$3,749.00
	38 Fountain Square Plaza Cincinnati, OH 45263	When was the debt incurred? 2016	
-	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
	Ilinois Farmers Insurance Co.	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Attn: Highest Officer 2245 Sequoia Drive	When was the debt incurred? 2015	
-	Aurora, IL 60506 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Notice only. Named as Defendant in Cause No. 49D05-1707-MF-026986 re judgment in Cause No. 49K09-0710-SC-06379 against Other. Specify Jason Atkins	

Official Form 106 E/F

Debto	Dolores May Schwab			Case number (if know)	17-07143-JMC	
4.5	Indiana Finance Financial Corp.	Last 4 digits of ac	count number			Unknown
	Nonpriority Creditor's Name P.O. Box 49 Anderson, IN 46015 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the deb		2015 is: Check all that apply		
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	report as priority cla	ing out of a sep aims n or profit-shari Notice onl No. 49D05	aration agreement or divorce ng plans, and other similar de y. Named as Defenda -1707-MF-026986 re ju n Cause No.	ebts nt in Cause	
	☐ Yes	Other. Specify		1-SC-000323 against	Jason —————	
4.6	Jason Atkins	Last 4 digits of ac	count number			Unknown
	Nonpriority Creditor's Name 5157 Atigua Trail Indianapolis, IN 46237 Number Street City State Zlp Code	When was the deb		2006 is: Check all that apply		
	Who incurred the debt? Check one.	no or me date yea	ino, mo orani	io. Chook an inat apply		
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	■ Disputed Type of NONPRIO □ Student loans □ Obligations aris report as priority cla	ing out of a sep	ed claim: aration agreement or divorce	that you did not	
	■ No	Debts to pension	ebts			
	□Yes	■ Other. Specify	No. 49D05 defaulted and was s judgment	y. Named as Defenda -1707-MF-026986. Mr. on lease with purchas ued in in 2010 and sa in 2013 under Cause	Atkins se option tisfied said	

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 20 of 40

Debtor	1 Dolores May Schwab	Case number (if know) 17-07143-JMC	
4.7	Johnnie Risk	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 8413 Del Prado Court	When was the debt incurred?	
	Indianapolis, IN 46227 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	■ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify	
4.8	Kent Maxfield Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	8416 Del Prado Court Indianapolis, IN 46227	When was the debt incurred? July, 2014	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	■ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Court. Mr. Maxfield breached contact	
4.9	Marion County Auditor Nonpriority Creditor's Name	Last 4 digits of account number	\$1.00
	200 E Washington St, #801 Indianapolis, IN 46204-3356	When was the debt incurred? 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify notice only for possible real estate taxes	

Official Form 106 E/F

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 21 of 40

Debtor	1 Dolores May Schwab	Case number (if know) 17-07143-JMC	
4.1	Marion County Treasurer	Last 4 digits of account number	\$1.00
0	Nonpriority Creditor's Name 200 E Washington St, #1041 Indianapolis, IN 46204	Last 4 digits of account number When was the debt incurred? 2016	\$1.00
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify notice only for possible real estate taxes	
4.1	Pamela Johnson	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 8510 Edith Street Martinsville, IN 46151	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Notice only. Debtor obtained judgment against Pamela Johnson in Cause No. 49K04-1110-SC-003773	
4.1	SYNCB/Value City Furniture	Last 4 digits of account number	\$2,767.00
	Nonpriority Creditor's Name P.O. Box 960536 Orlando, FL 32896	When was the debt incurred? 2016	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify revolving charge account	

Official Form 106 E/F

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 22 of 40

Debtor 1	Dolores N	/lay Schwab		Case r	number (if know)	17-07143-JMC	
4.1 3 W	Vorld Finar	nce Corp.	Last 4 digits of account numbe	r			\$6,122.27
P.	onpriority Cred	29	When was the debt incurred?	2016	 i		
Nu		City State Zlp Code the debt? Check one.	As of the date you file, the clair	n is: Checl	k all that apply		
	Debtor 1 onl	v	☐ Contingent				
	Debtor 2 onl	•	☐ Unliquidated				
_	_	d Debtor 2 only	☐ Disputed				
	_	of the debtors and another	Type of NONPRIORITY unsecui	red claim:			
	_		☐ Student loans				
de	ebt	s claim is for a community bject to offset?	☐ Obligations arising out of a se report as priority claims	paration aç	greement or divorce	that you did not	
	No	.,	Debts to pension or profit-sha	ring plans	and other similar de	ehts	
	■ No] Yes		Other. Specify installment	•		.513	
			Other. Specify	40000			
Part 3:	List Others	s to Be Notified About a De	ebt That You Already Listed				
is trying have mo	to collect fro	m you for a debt you owe to s	about your bankruptcy, for a debt tha omeone else, list the original creditor at you listed in Parts 1 or 2, list the ad or submit this page.	in Parts 1	or 2, then list the	collection agency here	e. Similarly, if you
Name and		Crant	On which entry in Part 1 or Part 2 did yo		-		
-	y Robert G Washingto					ity Unsecured Claims	
	oolis, IN 46			■ Part 2:	Creditors with Nonp	priority Unsecured Clain	าร
•	·		Last 4 digits of account number				
Name and Attorney		/illiam Burt, Jr.	On which entry in Part 1 or Part 2 did you Line 4.5 of (Check one):		· ·	ity Unsecured Claims	
P.O. Box						priority Unsecured Clain	ne
Anderso	on, IN 4601	5	Last 4 digits of account number	_ r urt 2.	Oroditoro With Horip	monly onlocodrod oldin	10
Name and			On which entry in Part 1 or Part 2 did yo		J		
	ird Bank ngsley Driv	10				ity Unsecured Claims	
M/D 1MC		16		Part 2:	Creditors with Nonp	oriority Unsecured Clain	าร
Cincinna	ati, OH 452	263	Last 4 digits of account number				
			<u> </u>				
Name and A		egistered Agent	On which entry in Part 1 or Part 2 did you Line 4.5 of (<i>Check one</i>):		-	ity Unsecured Claims	
		inancial Corp				priority Unsecured Clain	าร
		rive, Suite 680		— T alt 2.	Orcanors with Horip	monty onsecured ordin	15
Anderso	on, IN 4601	5	Last 4 digits of account number				
Part 4:		mounts for Each Type of U		l			
	amounts of insecured cla		aims. This information is for statistica	i reporting		-	amounts for each
	Co	Demostic compant abligation		Co		Claim	
Tot	6a. t al	Domestic support obligation	19	6a.	\$	0.00	
claim	ns	Tayon and partition other 101	40 v	CL	•		
from Part	6b. 6c.	Taxes and certain other deb	ts you owe the government I injury while you were intoxicated	6b. 6c.	\$	1.00 0.00	
	6d.	="	secured claims. Write that amount here.		Ψ \$	0.00	
		, , , ,			Ť		
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$_	1.00	
	6f.	Student loans		6f.	Total	0.00	
					-	0.00	

Debtor 1 Dolores May Schwab

Case number (if know)

17-07143-JMC

	Tota	al
(claim	ıs
from	Part	2

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts 6g.
- 6h.
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- Total Nonpriority. Add lines 6f through 6i.

6g.	\$ 0.00
6h.	\$ 0.00
6i.	\$ 19,807.98

6j. 19,807.98

Fill in this infor	mation to identify your	case:		
Debtor 1	Dolores May Sch	wab		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF INDIANA	
Case number	17-07143-JMC			
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

P	erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	Johnnie Risk 8413 Del Prado Court Indianapolis, IN 46227	residential lease of 8413 Del Prado Court.
2.2	Kent Maxfield 8416 Del Prado Court Indianapolis, IN 46227	land contract to purchase 8416 Del Prado Court

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 25 of 40

Fill in this	information to identify your	case:			
Debtor 1	Dolores May Sch	wab			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
	5,				
United Stat	es Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Case numb	per 17-07143-JMC				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
		-1-1			
Sched	ule H: Your Cod	eptors			12/15
your name	nd number the entries in the and case number (if known) ou have any codebtors? (If	. Answer every question	i.		of any Additional Pages, write
=					
■ No □ Yes					
□ 162					
	nin the last 8 years, have you a, California, Idaho, Louisiana				states and territories include
■ No.	Go to line 3.				
☐ Yes.	Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only	f that person is a guaran	itor or cosigner. Make s	sure you have listed the	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor	ID 0			itor to whom you owe the debt
N	lame, Number, Street, City, State and Z	IP Code		Check all schedules	that apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, lin	e
				☐ Schedule G, line	
<u> </u>	Number Street			_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			□ Schedule E/F, lin	e
				☐ Schedule G, line	
N	Number Street			_	
C	City	State	ZIP Code		

						_						
Fill	in this information to identify your ca	ase:										
Del	otor 1 Dolores May	Schwab			_							
	otor 2 buse, if filing)				_							
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF INDIANA		_							
Cas	se number 17-07143-JMC					Chec	ck if this is	s:				
(If kr	nown)						An amend	ed	filing			
							A supplem 3 income			٠.	•	n chapter e:
0	fficial Form 106I					Ī	MM / DD/ `	ΥΥ	YY			
S	chedule I: Your Inc	ome										12/1
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	r spouse is not filing wi	th you, do not includ	e infori	mati	ion abou	t your sp	ou	se. If	more s	space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor	2 c	r no	n-filing	spouse)
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Emp	loy	ed			
	information about additional	_mproyment otatae	☐ Not employed				□ Not €	emp	oloye	ed		
	employers.	Occupation	Retired									
	Include part-time, seasonal, or self-employed work.	Employer's name										
	Occupation may include student or homemaker, if it applies.	Employer's address										
		How long employed th	nere?				_					
Par	t 2: Give Details About Mor	nthly Income										
	mate monthly income as of the dause unless you are separated.	ate you file this form. If y	ou have nothing to re	oort for	any	line, write	e \$0 in the	e sp	oace.	. Include	e your no	on-filing
If yo	u or your non-filing spouse have mo e space, attach a separate sheet to	ore than one employer, co	embine the information	for all e	empl	oyers for	that pers	on	on th	ne lines	below. I	you need
						For De	btor 1			Debtor -filing s		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$		0.00	-	\$		N/A	<u>. </u>
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	-	+\$		N/A	<u>-</u>
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$		0.00		\$		N/A	

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Dolores May Schwab Case number (if known) 1				17-0	7143-J	МС				
					For Debtor 1			Debtor a-filing s		
	Сор	y line 4 here	4.	-	\$	0.00	\$		N/A	-
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	;	\$ 0	0.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		·	0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.	;		0.00	\$		N/A	-
	5d.	Required repayments of retirement fund loans	5d.	;	. — — — — — — — — — — — — — — — — — — —	0.00	\$		N/A	-
	5e.	Insurance	5e.	;		0.00	\$_		N/A	-
	5f.	Domestic support obligations	5f.	;	\$ 0	0.00	\$		N/A	-
	5g.	Union dues	5g.	;	\$	0.00	\$		N/A	•
	5h.	Other deductions. Specify:	5h	+ :		0.00	+ \$ _		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	<u> </u>	0.00	\$		N/A	_
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9		0.00	\$		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	;	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.	;		0.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			0.00	\$_		N/A	_
	8d.	Unemployment compensation	8d.	;	\$ C	0.00	\$		N/A	_
	8e.	Social Security	8e.	;	\$1,329	.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$_		N/A	_
	8g.	Pension or retirement income	8g.			0.00	\$_		N/A	-
	8h.	Other monthly income. Specify:	8h	+ :	\$ C	0.00	+ \$_		N/A	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,329	0.00	\$_		N/A	Δ
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$	<u> </u>	1,329.00	+ \$		N/A	= \$	1,329.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		_	1,020100	Ľ				1,020100
11.	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:									
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						. 12.	\$Combin	
13.	Dov	ou expect an increase or decrease within the year after you file this form	?						monthl	y income
		No.								
		Yes. Explain:								

Official Form 106I Schedule I: Your Income page 2

Fill	in this informs	ation to identify yo	onicose.							
	otor 1	Dolores May				Ch	eck if	this is:		
Deb	otor 2							amended filing	ving postpetition cha	nter
	ouse, if filing)	-							the following date:	ptci
Unit	ed States Bank	ruptcy Court for the	: SOUTH	ERN DISTRICT OF INDIA	ANA		MM	I / DD / YYYY		
	e number 17	7-07143-JMC								
Oi	fficial Fo	rm 106J				•				
So	chedule	J: Your	Exper	ises						12/15
Be	as complete ormation. If m	and accurate as	possible.	If two married people and the control of the contro						
Par		ribe Your House	hold							
1.	Is this a join									
	■ No. Go to	o line 2. es Debtor 2 live i	in a senar	ate household?						
	□ 100. D 0		iii a sopaii	ate nousenoia.						
		-	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2	2.		
2.	Do you hav	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation			Dependent's age	Does dependent live with you?	
	Do not state						_		□ No	
	dependents	names.							Yes	
									□ No	
									□ Yes □ No	
									□ Yes	
									□ No	
									☐ Yes	
3.	expenses of	penses include of people other the d your depende		No Yes						
		nate Your Ongoi								
exp	imate your e enses as of a blicable date.	a date after the l	our bankrı bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed are using the following the fol	orm as a : e <i>J</i> , check	supple the b	ement in a Cha ox at the top of	pter 13 case to rep f the form and fill ir	ort n the
the	value of suc	h assistance an		government assistance i				V		
(Off	ficial Form 10	D6I.)					_	Your expe	enses	
4.		or home owners		ses for your residence. I r lot.	nclude first mortgage		\$		0.00	
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	\$		0.00	
		erty, homeowner's				4b.	\$		30.00	
				ipkeep expenses		4c.	: —		0.00	
5.		eowner's associat		dominium dues o ur residence, such as ho	ome equity loops	4d.	\$ \$		189.00 0.00	
J.	Auditional	mortgage payine	cina ioi yo	ou residence, such as no	ine equity loalis	ວ.	Ψ		0.00	

Debtor 1		Dolores May Schwab	Case num	ber (if known)	17-07143-JMC				
6.	Utilit	ies:							
٥.	6a.	Electricity, heat, natural gas	6a.	\$	100.00				
	6b.	Water, sewer, garbage collection	6b.	\$	0.00				
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	159.00				
	6d.	Other. Specify:	6d.	\$	0.00				
7.	Food	l and housekeeping supplies	7.	\$	225.00				
8.	Child	Icare and children's education costs	8.	\$	0.00				
9. Clothing, laundry, and dry cleaning									
10.	9. Clothing, laundry, and dry cleaning 9. \$ 0.0 10. Personal care products and services 10. \$								
11. Medical and dental expenses 11. \$ 200.00									
12. Transportation. Include gas, maintenance, bus or train fare.									
		ot include car payments.	12.	·	0.00				
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	1.00				
14.		itable contributions and religious donations	14.	\$	0.00				
15.	Insur								
		ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	\$	0.00				
		Health insurance	15a.	·	0.00				
		Vehicle insurance	15c.		0.00				
		Other insurance. Specify:	15d.	·	0.00				
16		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	13u.	Ψ	0.00				
10.	Spec		16.	\$	0.00				
17.	Insta	Ilment or lease payments:							
		Car payments for Vehicle 1	17a.	\$	0.00				
	17b.	Car payments for Vehicle 2	17b.	\$	0.00				
	17c.	Other. Specify:	17c.	\$	0.00				
		Other. Specify:	17d.	\$	0.00				
18.		payments of alimony, maintenance, and support that you did not report a		\$	0.00				
10		icted from your pay on line 5, Schedule I, Your Income (Official Form 106I)	. 10.	φ					
19.	Spec	r payments you make to support others who do not live with you.	19.	Ф	0.00				
20		r real property expenses not included in lines 4 or 5 of this form or on <i>ScI</i>		ur Incomo					
20.		Mortgages on other property	20a.		0.00				
		Real estate taxes	20b.		0.00				
		Property, homeowner's, or renter's insurance	20c.	·	0.00				
		Maintenance, repair, and upkeep expenses	20d.		0.00				
		Homeowner's association or condominium dues	20e.	·	0.00				
21		r: Specify:	21.		0.00				
					0.00				
22.		ulate your monthly expenses							
		Add lines 4 through 21.		\$	954.00				
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$					
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	954.00				
23.	Calc	ulate your monthly net income.							
		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,329.00				
		Copy your monthly expenses from line 22c above.	23b.		954.00				
		100							
	23c.	Subtract your monthly expenses from your monthly income.			275.00				
		The result is your monthly net income.	23c.	\$	375.00				
0.4	D	and the second s	#!! - 4!. !	f0					
24.		ou expect an increase or decrease in your expenses within the year after y			ease or decrease because of a				
		cample, do you expect to linish paying for your car loan within the year of do you expect yo cation to the terms of your mortgage?	ui mortgage [Jayment to more	ase of uccicase because of a				
	■ No								
	— N.								

Fill in this info	rmation to identify your	case:			
Debtor 1	Dolores May Sch	wab			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
	, ,				
Case number (if known)	17-07143-JMC				☐ Check if this is an
(ii kilowii)					amended filing
obtaining mon		n connection with a banl			ement, concealing property, or 00, or imprisonment for up to 20
Si	gn Below				
Did you p	pay or agree to pay some	one who is NOT an attor	ney to help you fill out	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				kruptcy Petition Preparer's Notice, ,, and Signature (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules file	ed with this declaration	on and
X /s/ Do	olores May Schwab		X		
Doloi	res May Schwab ture of Debtor 1		Signature of	f Debtor 2	
Date	October 12, 2017		Date		

Married	Fill	in this inform	nation to identify you	r case:			
Debtor 2 Shouse it, Mirable First Name							
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA Case number 17-07143-JMC Check if this is an amended filling	Deb	tor r			Last Name		
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA Case number 17-07143-JMC Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married			First Name	Middle Name	Last Name		
Case number 17-07143-JMC Check if this is an amended filing Check if this is an amended filing Check if this is an amended filing Offficial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married							
Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married Not married Not married Deter 1 Prior Address: Dates Debtor 1 Prior Prior Address: Dates Debtor 2 Prior Address: Dates Debtor 3 Prior To: Same as Debtor 1 Prior Address: Dates Debtor 4 Prior Address: Dates Debtor 4 Prior Address: Dates Debtor 5 Prior To: Same as Debtor 1 Prior Address: Dates Debtor 7 Prior Address: Dates Debtor 9 Prior Address: Dates Debtor 1 Prior Address: Dates Debtor 1 Prior Address: Dates Debtor 1 Prior Ad	Unit	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT	OF INDIANA		
Statement of Financial Affairs for Individuals Filing for Bankruptcy Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before			7-07143-JMC				
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part Give Details About Your Marital Status and Where You Lived Before				Affairs for Indivi	duals Filing for B	ankruptcy	4/1 0
Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Ived there 8413 Del Prado Court Indianapolis, IN 46227 Debtor 2 2014-November, 2015 Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income (before deductions and (before deductions and (before deductions)	infor num	mation. If m ber (if knowr	ore space is needed n). Answer every que	, attach a separate sheet to stion.	this form. On the top of any		
Married					<u> </u>		
No		_	ried				
No	2	During the la	ast 3 vears have you	lived anywhere other than	where you live now?		
Pebtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 D		_	iot o years, nave yea	iived unlywhere other than	where you live now.		
Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 Debtor 2		_	t all af the mineral	lived in the leat 2 years. Do n			
lived there lived there lived there		Yes. Lis	t all of the places you	lived in the last 3 years. Do r	not include where you live now	•	
Indianapolis, IN 46227 2014-November, 2015 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community prostates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and Check all that apply.		Debtor 1 Pri	ior Address:		Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Cross income (before deductions and content of the content				2014-Novemb			☐ Same as Debtor 1 From-To:
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Set Test. Fill in the details. Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Gross income Check all that apply.	State Part 4.	■ No □ Yes. Ma 2 Explair Did you have	ke sure you fill out Sc n the Sources of You e any income from el	nlifornia, Idaho, Louisiana, Ne hedule H: Your Codebtors (C r Income mployment or from operation	evada, New Mexico, Puerto Ri Official Form 106H). ng a business during this ye	co, Texas, Washington and V	Visconsin.)
Debtor 1 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Debtor 2 Sources of income Check all that apply. Check all that apply. Debtor 2 Check all that apply. Check all that apply.		If you are filin	g a joint case and you	•	, , ,		
Sources of income Check all that apply. Gross income (before deductions and Check all that apply. Gross income Check all that apply. Gross income Check all that apply.			dio dotalio.	Deliterat		Dalitano	
				Sources of income	(before deductions and	Sources of income	Gross income (before deductions and exclusions)

Official Form 107

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 32 of 40

Case number (if known) 17-07143-JMC

5.	Include and ot	e inc her p	ome regard oublic benef	lless of wheth it payments;		ole. Examples o e; interest; divi	of other income are a dends; money collect	alimony; child suppeted from lawsuits;	royalties; ar	Security, unemploymen nd gambling and lottery		
	List ea	ach s	ource and t	he gross inco	me from each source s	separately. Do	not include income t	hat you listed in lin	e 4.			
		lo										
	_		Fill in the de	etails.								
					Debtor 1			Debtor 2				
					Sources of income	Gros	ss income from	Sources of inc	ome	Gross income		
					Describe below.	(befo	re deductions and usions)	Describe below.		(before deductions and exclusions)		
			1 of currei led for bar	nt year until ikruptcy:	Social Security		\$15,010.00					
					Gross rental inco	me	\$4,500.00					
			dar year: December	31, 2016)	Social Security		\$17,206.80					
					Gross rental inco	me	\$0.00					
			lar year be December		Social Security		\$17,206.80					
					Gross rental inco	me	\$0.00					
					Life Insurance Proceeds		\$16,000.00					
Pa	art 3:	List	Certain Pa	yments You	Made Before You File	ed for Bankru	ptcy					
6.	_	ther lo.	Neither De	ebtor 1 nor D	s debts primarily con ebtor 2 has primarily personal, family, or ho	consumer de	bts. Consumer debi	s are defined in 11	U.S.C. § 10	01(8) as "incurred by an		
			During the No.	90 days befo	re you filed for bankrup	otcy, did you pa	ay any creditor a tota	ıl of \$6,425* or mor	re?			
			☐ Yes	List below e	each creditor to whom yeditor. Do not include p	ayments for do	omestic support obliq					
			* Subject		payments to an attorned on 4/01/19 and every			or after the date of	f adjustmen	t.		
	■ Y	es.			2 or both have primarily consumer debts. before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?							
			■ No.	Go to line 7								
			☐ Yes	include pay	each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not ments for domestic support obligations, such as child support and alimony. Also, do not include payments to ar r this bankruptcy case.							
	Credi	itor's	Name and	d Address	Dates of	payment	Total amount	Amount you	Was this	payment for		
							paid	still owe				

Debtor 1 Dolores May Schwab

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 33 of 40

Case number (if known) 17-07143-JMC

	ers include your relatives; any general pa iich you are an officer, director, person in siness you operate as a sole proprietor. 1 ony.	control, or owner of 20% of	neral partners; partne or more of their voting	erships of which you	ou are a general partner; corporation ny managing agent, including one fo
_	No Yes. List all payments to an insider.				
	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
insid	in 1 year before you filed for bankrupt ler? de payments on debts guaranteed or cos				ccount of a debt that benefited ar
	No Yes. List all payments to an insider				
	der's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
rt 4:	Identify Legal Actions, Repossession	no and Farcaleoures	paid	Juli Owe	moduc orcator s name
Case	Yes. Fill in the details. e title e number	Nature of the case	e Court or agency		Status of the case
List a modif	in 1 year before you filed for bankrupt Ill such matters, including personal injury fications, and contract disputes. No Yes. Fill in the details.				
	ores Schwab v. William Iders & Pamela Johnson	Rent collection	Marion County Perry Township		☐ Pending ☐ On appeal
	04-1110-SC-003773	Small Claims Court 4925 S. Shelby Street, Suite		■ Concluded	
			100 Indianapolis, IN	N 46227	Default Judgment entered 12/9/2011 for \$2,500.00, plus costs aind interest
	ores Schwab v. Premier Baths,	Civil Tort	Indianapolis, IN		12/9/2011 for \$2,500.00, plus costs aind interest
LLC		Civil Tort	Marion County Court No. #5 200 E Washing	Superior	12/9/2011 for \$2,500.00, plus costs aind interest
LLC	•	Civil Tort	Indianapolis, IN Marion County Court No. #5	Superior ton St,	12/9/2011 for \$2,500.00, plus costs aind interest Pending On appeal
LLC 49D	ech Financial LLC vs. Dolores	Real estate	Marion County Court No. #5 200 E Washing #W-122 Indianapolis, IN	Superior ton St, N 46204	12/9/2011 for \$2,500.00, plus costs aind interest Pending On appeal Concluded Default Judgment entered on or about November 29, 2016, for \$21,000.00 plus
Dite Sch	005-1605-CT-019035		Marion County Court No. #5 200 E Washing #W-122 Indianapolis, IN	Superior ton St, N 46204 Superior	12/9/2011 for \$2,500.00, plus costs aind interest ☐ Pending ☐ On appeal ☐ Concluded Default Judgment entered on or about November 29, 2016, for \$21,000.00 plus costs and interest

Debtor 1 Dolores May Schwab

Debtor 1 Dolores May Schwab Case number (if known) 17-07143-JMC

Case title Case number	Nature of the case	Court or agency	Status of th	ne case
Country Estates Condominiums Owners' Assn. Inc. vs. Dolores Schwab, et al., 49D03-1705-CC-018133	Collection of HOA fees 2918 Country Estates Drive/foreclosure	Marion County Superior Court #3 W-122, City County Building 200 E. Washington Stree Indianapolis, IN 46204	On appe Conclude Default jue on or abort for \$6,045 and intere	eal
Wells Fargo Bank, N.A., vs. Dolores Schwab, et al., 49D06-1611-MF-039283	Real estate mortgage foreclosure (8413 Del Prado Court)	Marion County Superior Court #6 W-122, City County Building 200 E. Washington Stree Indianapolis, IN 46204	☐ On appe ☐ Conclud	eal
Casa De Prado, Inc. v. Dolores Schwab 49K04-1611-SC-004538	Collection of condominium fees for 8413 Del Prado Ct.	Marion County Perry Township Small Claims Court 4925 S. Shelby Street, St 100 Indianapolis, IN 46227		eal led Idgment against
Casa De Prado, Inc. v. Dolores Schwab 49K04-1611-SC-004537	Collection of condominium fees for 8416 Del Prado Court	Marion County Perry Township Small Claims Court 4925 S. Shelby Street, St 100 Indianapolis, IN 46227	Default Ju January 1	eal
Dolores Schwab vs. Andrwe Holsapple and April Kleppen 49K04-1406-SC-002383	Eviction (8416 Del Prado Court)	Marion County Small Claims Court Perry Townshhip Divisio	- Conclud	eal
Within 1 year before you filed for bankrup Check all that apply and fill in the details belo ■ No. Go to line 11. □ Yes. Fill in the information below.		erty repossessed, foreclosed,	8, 2014	
Creditor Name and Address	Describe the Property Explain what happene	d	Date	Value of the property
Within 90 days before you filed for bankru accounts or refuse to make a payment be		luding a bank or financial inst	itution, set off any a	amounts from your
☐ Yes. Fill in the details. Creditor Name and Address	Describe the action the	e creditor took	Date action was taken	Amount

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 35 of 40

Case number (if known) 17-07143-JMC

12.	Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?					
	■ No					
	☐ Yes					
Pa	rt 5: List Certain Gifts and Contribution	ns				
13.	Within 2 years before you filed for bank	cruptcy,	did you give any gifts with a total value of more t	han \$600 per person	?	
	■ No					
	Yes. Fill in the details for each gift.					
	Gifts with a total value of more than \$6 per person	500	Describe the gifts	Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift an Address:	d				
14.	Within 2 years before you filed for bank No	cruptcy,	did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?	
	Yes. Fill in the details for each gift or	contribu	tion.			
	Gifts or contributions to charities that more than \$600 Charity's Name	total	Describe what you contributed	Dates you contributed	Value	
	Address (Number, Street, City, State and ZIP Co	de)				
Pa	rt 6: List Certain Losses					
	or gambling? No Yes. Fill in the details.			2		
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost	
	Internet romance scam.	none	• •	April, 2016 - April, 2017	\$10,000.00	
Pa	rt 7: List Certain Payments or Transfe	rs				
16.	consulted about seeking bankruptcy or	r prepari	lid you or anyone else acting on your behalf pay or ing a bankruptcy petition? rs, or credit counseling agencies for services require		rty to anyone you	
	□ No					
	Yes. Fill in the details. Person Who Was Paid		Description and value of any property	Date payment	Amount of	
	Address Email or website address Person Who Made the Payment, if Not	You	transferred	or transfer was made	payment	
	Tom Scott & Associates, P.C. 6100 N. Keystone Ave. Ste. 454 Indianapolis, IN 46220-2429		Attorney Fees	9/19/2017	\$1,000.00	
	bk@tomscottlaw.com					

Debtor 1 Dolores May Schwab

Case number (if known) 17-07143-JMC

Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferr 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-3663 Checking Savings Money Market Brokerage Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Checking Savings Money Market Brokerage Other Checking Savings Money Market	behalf pay or transfer a	any property to anyone who
Person Who Was Paid Address Description and value of any property transferred 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property include both outlight transfers made as security (such as the granting of a security interest include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of property transfers any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferr 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Sireet, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-969 Regions Bank XXXX-969 Checking Savings Money Market Brokerage Other Checking Savings Money Market Brokerage Other Checking Savings Money Market Brokerage Other Regions Bank XXXX-969		
transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interes include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. Person Who Received Transfer Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of property transferred payments paid in ex Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferred? Include checking, savings, money market, or other financial accounts or instruments held ir sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Checking Savings Money Market Brokerage Other Checking Savings Money Market	erty Date pays or transfe made	
Address Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferr 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. Name of Financial Institution and Address (Number, Street, City, State and 2IP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Savings Money Market Brokerage Other Savings Money Market Brokerage Other Savings Money Market	sfer any property to any	
19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trubeneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. Name of trust Description and value of the property transferr Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Type of account or instrument clarate account number acco	Describe any propert payments received or paid in exchange	
Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; sh houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Other Regions Bank XXXX-9569 Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Savings Money Market Brokerage Other Savings Money Market	elf-settled trust or simila	ar device of which you are a
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; sh houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Code) Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-3663 Checking Savings Money Market Brokerage Other Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Clicking Savings Money Market Brokerage Other	erty transferred	Date Transfer was
20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; sh houses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Last 4 digits of account or instrument Code) Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-3663 Checking Savings Money Market Brokerage Other Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Clicking Savings Money Market Brokerage Other		made
sold, moved, or transferred? Include checking, savings money market, or other financial accounts; certificates of deposit; shouses, pension funds, cooperatives, associations, and other financial institutions. No Yes. Fill in the details. Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-3663 Checking Savings Money Market Brokerage Other Regions Bank XXXX-9569 Checking Savings Money Market Brokerage Other Checking Savings Money Market Brokerage Other	rage Units	
Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) Fifth Third Bank XXXX-0760 Checking Savings Money Market Brokerage Other Fifth Third Bank XXXX-3663 Regions Bank XXXX-9569 Checking 20 Checking Savings Money Market Brokerage Other Checking Checking Savings Money Market Brokerage Other Checking Checking Checking Savings Money Market Brokerage Checking Savings Checking Brokerage Checking Savings Checking Savings Checking Savings Savings Savings Savings Savings Money Market Savings Saving	of deposit; shares in ban	-
Address (Number, Street, City, State and ZIP Code) Code		
Fifth Third Bank	nt or Date account closed, sold, moved, or transferred	
Regions Bank XXXX-9569 Regions Bank XXXX-9569 Checking Savings Savings Money Market Brokerage Checking Cli Savings Money Market ba	2016 et	Unknowr
□ Savings CI □ Money Market th	2016 et	Unknowr
☐ Other	August, 2017 Closed with balance of le than \$500.00	ess

Debtor 1 Dolores May Schwab

Debtor	1	Dolores	Mar	Cabur	٦h
Debloi		Dolores	wav	Schwa	10

Case number (if known) 17-07143-JMC

21.	Do you now have, or did you have wit cash, or other valuables?	thin 1 year before you filed for bankruptcy, any safe deposit box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.		
	Name of Financial Institution Address (Number, Street, City, State and ZIP	Who else had access to it? Code) Address (Number, Street, City, State and ZIP Code) Describe the contents	Do you still have it?
22.	Have you stored property in a storage	e unit or place other than your home within 1 year before you filed for bankruptcy	?
	■ No		
	☐ Yes. Fill in the details.		
	Name of Storage Facility Address (Number, Street, City, State and ZIP	Who else has or had access Code) to it? Address (Number, Street, City, State and ZIP Code) Describe the contents	Do you still have it?
Par	Identify Property You Hold or C	Control for Someone Else	
23.	Do you hold or control any property t for someone.	that someone else owns? Include any property you borrowed from, are storing fo	r, or hold in trust
	■ No □ Yes. Fill in the details.		
	Owner's Name Address (Number, Street, City, State and ZIP	Where is the property? Code) (Number, Street, City, State and ZIP Code) Code)	Value
Par	rt 10: Give Details About Environmen	ntal Information	
For	the purpose of Part 10, the following o	definitions apply:	
	toxic substances, wastes, or material	II, state, or local statute or regulation concerning pollution, contamination, release I into the air, land, soil, surface water, groundwater, or other medium, including soft these substances, wastes, or material.	
	Site means any location, facility, or p to own, operate, or utilize it, including	roperty as defined under any environmental law, whether you now own, operate, g disposal sites.	or utilize it or used
	Hazardous material means anything a hazardous material, pollutant, contant	an environmental law defines as a hazardous waste, hazardous substance, toxic minant, or similar term.	substance,
Rep	ort all notices, releases, and proceedi	ngs that you know about, regardless of when they occurred.	
24.	Has any governmental unit notified ye	ou that you may be liable or potentially liable under or in violation of an environm	ental law?
	■ No		
	☐ Yes. Fill in the details.		
	Name of site Address (Number, Street, City, State and ZIP	Governmental unit Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it	Date of notice
25.	Have you notified any governmental	unit of any release of hazardous material?	
	No		
	☐ Yes. Fill in the details.		
	Name of site Address (Number, Street, City, State and ZIP	Governmental unit Code) Address (Number, Street, City, State and ZIP Code) Environmental law, if you know it	Date of notice

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 38 of 40

Debtor 1 Dolores May Schwab

Case number (if known) 17-07143-JMC

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlem					nental law? Include settlements a	nd orders.		
		■ No □ Yes. Fill in the details.						
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nat	ture of the case	Status of the case		
Pai	rt 11:	Give Details About Your Business or C	Connections to Any Business					
27.	With	hin 4 years before you filed for bankrupto	cy, did you own a business or have an	ny of	the following connections to any	business?		
		☐ A sole proprietor or self-employed in	a trade, profession, or other activity,	, eith	er full-time or part-time			
		☐ A member of a limited liability compa	any (LLC) or limited liability partnersh	nip (L	LP)			
		☐ A partner in a partnership						
		☐ An officer, director, or managing exe	ecutive of a corporation					
		☐ An owner of at least 5% of the voting	or equity securities of a corporation					
		No. None of the above applies. Go to Part 12.						
	Yes. Check all that apply above and fill in the details below for each business.							
		siness Name dress	Describe the nature of the business		Employer Identification number Do not include Social Security n	umber or ITIN		
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Dates business existed			
28.					de all financial			
		No						
		Yes. Fill in the details below.	Data Issued					
		me dress mber, Street, City, State and ZIP Code)	Date Issued					

Case 17-07143-JMC-7 Doc 15 Filed 10/12/17 EOD 10/12/17 16:40:32 Pg 39 of 40

Debtor	Dolores May Schwab	Case number	(if known)	17-07143-JMC
Part 12	2: Sign Below			
are true	read the answers on this <i>Statement of Financial A</i> e and correct. I understand that making a false st bankruptcy case can result in fines up to \$250,00 .C. §§ 152, 1341, 1519, and 3571.	atement, concealing property, or obtaining r	noney or	
/s/ Do	olores May Schwab			
	res May Schwab ture of Debtor 1	Signature of Debtor 2		
Date	October 12, 2017	Date		
Did you	u attach additional pages to Your Statement of Fi	nancial Affairs for Individuals Filing for Banl	kruptcy (Official Form 107)?
■ No				
☐ Yes				
Did you ■ No	u pay or agree to pay someone who is not an atto	rney to help you fill out bankruptcy forms?		
☐ Yes.	. Name of Person Attach the Bankruptcy Pet	ition Preparer's Notice, Declaration, and Signat	ure (Offic	al Form 119).

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Indiana

In r	e Dolores May Schwab		Case No.	17-07143-JMC
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTOR	NEY FOR DE	BTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of be rendered on behalf of the debtor(s) in contemplation of contemplation.	of the petition in bankruptcy, o	r agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have received		. \$	1,000.00
	Balance Due			3,000.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compens	sation with any other person ur	nless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names			
5.	In return for the above-disclosed fee, I have agreed to rend	er legal service for all aspects	of the bankruptcy ca	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering b. Preparation and filing of any petition, schedules, statem c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] REFER TO THE GUIDELINES FOR PAYMERIGHTS & RESPONSIBILITIES OF CHAPTERILED IN THE ABOVE-CAPTIONED CASE. 	ent of affairs and plan which n and confirmation hearing, and NT OF ATTORNEYS' FEES	nay be required; any adjourned hear S CONTAINED IN	ings thereof;
6.	By agreement with the debtor(s), the above-disclosed fee de REFER TO THE GUIDELINES FOR PAYME RIGHTS & RESPONSIBILITIES OF CHAPTE FILED IN THE ABOVE-CAPTIONED CASE.	NT OF ATTORNEYS' FEES	S CONTAINED IN	
	(CERTIFICATION		
this	I certify that the foregoing is a complete statement of any a bankruptcy proceeding.	greement or arrangement for p	ayment to me for re	presentation of the debtor(s) in
(October 12, 2017	/s/ Jess M. Smith, I	II	
1	Date	Jess M. Smith, III Signature of Attorney Tom Scott & Association N. Keystone A Ste. 454		
		Indianapolis, IN 46 317-255-9915	220-2429	

bk@tomscottlaw.com
Name of law firm